RECORDS CENTER

		RECORDS TRANSMI	TTAL AND RECEI	TPT	
1.	FROM: (Name and Division of Transferring Agency; Address)		2. <u>TO</u> : Records Center Support Facility #1, Bldg. #3 Upper Marlboro, Md. 20870		
3. Agency Official (Signature & Title)		4. Telephone No.			
	·				
5.	Box Numbers	6. Description of Records with Inclusive Dates		7. Disposal Authority (Schedule and Item No.)	8. Records Center Location
) :				
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			·		
•		9. Receipt of the above listed records is acknow (Name)	ledged.		
		(Title) (Date)			